

(REFERENCE COPY - Not for submission)

Program Test Authority for a DTV Station Application

File Number: 0000087357 Submit Date: 10/25/2019 Call Sign: WLKY Facility ID: 53939 FRN: 0002538445 State:

Kentucky City: LOUISVILLE

Service: DTV Purpose: Program Test Authority Status: Received Status Date: 10/29/2019 Filing Status: Active

General Information

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
HEARST PROPERTIES INC.	C/O BROOKS, PIERCE, ET. AL P.O. BOX 1800 RALEIGH, NC 27602 United States	+1 (919) 839- 0300	shartzell@brookspierce. com	Corporation

Authorization Holder Name

Check box if the Authorization Holder name is being updated because of the sale (or transfer of control) of the Authorization(s) to another party and for which proper Commission approval has not been received or proper notification provided.

Contact Representatives (2)

Contact Name	Address	Phone	Email	Contact Type
Joseph M. Davis , P.E	207 Old Dominion	+1 (703) 650-	Joseph.Davis@RF-	Technical
Consulting Engineer	Road	9600	consultants.com	Representative
Chesapeake RF	Yorktown, VA			
Consultants, LLC	23692			
	United States			
Stephen Hartzell	150 Fayetteville	+1 (919) 839-	shartzell@brookspierce.com	Legal
Brooks, Pierce et al.	Street	0300		Representative
	Suite 1700			
	Raleigh, NC 27601			
	United States			

Certification

Section	Question	Response
General Certification Statements	The Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by authorization or otherwise, and requests an Authorization in accordance with this application (See Section 304 of the Communications Act of 1934, as amended.).	
	The Applicant certifies that neither the Applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. §862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR . See §1. 2002(b) of the rules, 47 CFR §1.2002(b), for the definition of "party to the application" as used in this certification §1.2002 (c). The Applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.	
Authorized Party to Sign	FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application. WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).	
	I certify that this application includes all required and relevant attachments.	Yes
	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	Jordan M. Wertlieb President 10/25/2019

Attachments

File Name	Uploaded By	Attachment Type	Description
WLKY LM Field Measurement Report 09-16-2019. pdf	Applicant	All Purpose	WLKY Land Mobile field measurement report
WLKY Repack PTA Request Exhibit.pdf	Applicant	All Purpose	WLKY Narrative Exhibit for PTA
WLKY request for program test authority ENG 10-24-2019.pdf	Applicant	All Purpose	WLKY PTA request engineering statement
WLKY(TV) PTA.PDF	Internal	All Purpose	PTA Authorization